

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO. 10/522656 FILING DATE 12405

ATTORNEY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL CLM.	2						TOTAL CLM.						
TOTAL DEP.	11	←		←		←	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	13						TOTAL CLAIMS		←		←		←